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Bib Data Sheet

CONFIRMATION NO. 4898

SERIAL NUMBER 10/603,889	FILING DATE 06/25/2003 RULE	CLASS 427	GROUP ART UNIT 1762	ATTORNEY DOCKET NO. 50623.257
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APPLICANTS

Syed F.A. Hossainy, Fremont, CA;
 Ni Ding, San Jose, CA;
 Stephen D. Pacetti, San Jose, CA;

** CONTINUING DATA *****
 - None - B C

** FOREIGN APPLICATIONS *****
 - None - B C

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 01/28/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 2
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Verified and Acknowledged
 Examiner's Signature: [Signature] Initials: [Initials]

ADDRESS
 Cameron Kerrigan
 Squire, Sanders & Dempsey L.L.P.
 Suite 300
 One Maritime Plaza
 San Francisco, CA
 94111

TITLE
 Fluid treatment of a polymeric coating on an implantable medical device

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)

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☐ Other

☐ Credit